Attention:

This form or schedule is provided for information purposes and should not be reproduced on personal computer printers by individual taxpayers for filing.

The Form 5500-series of forms and schedules is printed on special paper with dropout ink so it can be processed by the computerized processing system "EFAST." The Forms 5500 and 5500-EZ (and related schedules) may be obtained by calling 1-800-TAX-FORM (1-800-829-3676). Be sure to order using the IRS form number.

Check the Department of Labor's website at www.efast.dol.gov for additional information concerning the processing system, electronic filing, software, and "non-standard" filings.

SCHEDULE C (Form 5500)

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Service Provider Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974.

▶ File as an attachment to Form 5500.

Official Use Only

OMB No. 1210-0110

2005

This Form is Open to Public Inspection.

		ndar plan year 2005 plan year beginning	DD / YYYY and	d ending	MM / XD / YYYY			
A	Name	e of plan		В	Three-digit plan number ▶			
С	Plan	sponsor's name as shown on line 2a of Form 5	500	D	Employer Identification Number			
P	art I	Service Provider Information (see	instructions)					
1		er the total dollar amount of compensation paid by the plan to all persons, er than those listed below, who received compensation during the plan year:						
2	desc	the first item below list the contract administrator, cending order of the compensation they received or N/A in (c) and (d).						
	(a)	Name						
	(b)	(b) Employer identification number (see instructions)						
	(c) (d)	Official plan position Relationship to employer, employee organization, or person known to be a party-in-interest	nt Pact ad	m i n	istrator			
	(e)		Fees and commissions paid by	plan	(g) Nature of service code(s)			
		.00.2			(see instructions) 1 2			
	(a)	Name						
	(b)	Employer identification number (see instructions						
	(c)	Official plan position						
	(d)	Relationship to employer, employee organization, or person known to be a party-in-interest						
	(e)	Gross salary or allowances paid by plan	f) Fees and commissions paid by p	olan 00	(g) Nature of service code(s) (see instructions)			

For Paperwork Reduction Act Notice and OMB Control Numbers, see the instructions for Form 5500. Cat. No. 13515E Schedule C (Form 5500) 2005





(see instructions)

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	Part II Termination Info	rmation on Accountants and Enrolled Actua	aries (see instructions)	Official Use Only
) ame				
(b)	EIN	(c) Position		.0
dress	Stree: Address			
			State Zip Code	
(e)	Telephone No.		20	
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ıme				
(b)	EIN	(c) Position		
	Stree: Address	3		
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